Filing Date Application Number **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT AS FILED CLAIMS Indep Depend Indep Depend Depend Indep Indep Depend Indep Depend Indep | Depend 51 52 53 54 2 55 56 57 6 58 8 59 60 61 62 ...63 64 65 66 67 16 17 68 69 18 70 71 72 20 21 22 23 24 25 26 27 28 29 30 73 74 75 76 77 78 79 80 81 82 31 32 .33 34 35 36 83 84 85 86 87 37 38 88 89 39 90 40 91 92 93 94 95 45 46 96 97 98 48. 99 49. 50 100 Total Total Indep Indep Total Tolal Depend Depend Total Total Claims